

# Preface

he people of Wyoming have spoken. In meetings in libraries, schools, town halls, and churches they spoke. On phone calls to radio stations, they spoke. In letters to the editor, they spoke. They said, "Something has happened. Our kids, our young adults, and even our mature citizens are having more and more trouble with drugs in our community. What can we do? Please, somebody, tell us what we can do."

These voices, these words, these pleas have been recorded by teams traveling around the state, taking the pulse of citizens young and old about Wyoming's problem with drugs. At first, it was mostly a cry about the terrible plague of methamphetamine. Later, people have voiced a larger concern about alcohol, tobacco, prescription medications, marijuana, and even injected drugs.

Our leaders—from the Governor to the Legislature—have heard these tales, and have been touched. The stories have not been about "those people from over there." The stories have been about our friends, our relatives, our co-workers, and our neighbors' children. Against that backdrop, the Wyoming Legislature acted.

We may be first state in the Union to undertake a comprehensive blueprint for substance abuse control, treatment, early intervention, and prevention. House Bill 83, enacted into law by the Wyoming Legislature with active support the Governor, House Leadership, and Senate

#### State of Wyoming

# Substance abuse control plan. Sponsored by: Joint Labor, Health and Social Services Interim Committee A BILL for

AN ACT relating to administration of the government, authorizing the department of health to create a substance abuse control plan to reduce drug and alcohol abuse; requiring a report; providing an appropriation; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 9-2-122 is created to read:

### Substance abuse control plan.

- (a) The department of health shall develop a detailed, comprehensive substance abuse control plan for prevention, early intervention and treatment designed to curb alcohol and controlled substance abuse in the state of Wyoming.
- (b) The department of health may contract with any entities or individuals to develop the plan. Any entity or individual contracted with shall have a strong background in science, a knowledge of the particular conditions in Wyoming and an ability to work with diverse stakeholders. The contractor shall possess an ability to produce innovative solutions for the conditions in Wyoming.
- (c) The substance abuse control plan developed by the department of health or contractor shall indicate the best programs and methods of prevention, early intervention, control, treatment and aftercare which may be utilized to limit drug and alcohol problems in Wyoming.
- (d) The department of health or contractor shall work, to the greatest extent feasible, in collaboration with the University of Wyoming statistical analysis center in determining appropriate data regarding early warning signs of substance abuse. Data obtained shall be designed to signal needs for prevention, early intervention, control, treatment and aftercare and shall be obtained for all ages, from early childhood through adulthood. Additionally, data shall be developed to support analysis of the effectiveness of substance abuse programs employed by the state and local communities.
- Based on the data obtained pursuant to subsection of this section, the Department of Health or contractor make recommendations in the substance abuse control plan for practical, science-based strategies for early intervention into substance abuse problems. The recommended programs may deal either directly or indirectly with the substance abuse problem in Wyoming, but they shall attempt to create both short term and long-term effects which can be sustained across the state by multiple stakeholders. The recommended programs, to the greatest extent possible, shall utilize and recommend how the services of community mental-health centers, social service providers, local health care providers, law enforcement, corrections and any other entities presently available in the state of Wyoming can better serve the state in responding to substance abuse problems. The substance abuse control plan should decrease the potential overlapping of these services while maintaining a collaborative effort among state and local governmental entities and other organizations to assure maximum leveraging of resources, including people and money. The substance abuse control plan shall also include recommendations to the executive, legislative and judicial branches of the state of Wyoming regarding programs and funding determinations, which those entities may make.
- (f) The department of health shall report its activities under this section to the governor and the joint labor, health and social services interim committee not later than October 1, 2001. The report shall include a review of the data obtained in developing the substance abuse control plan and an analysis of similar data available on the date of the report.

**Section 2.** Three hundred thousand dollars (\$300,000.00) is appropriated from the general fund to the department of health for purposes of this act.

**Section 3.** This act is effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution

Leadership, made this blueprint possible.

House Bill 83 reflects the political will of the citizens and leaders of Wyoming to change the future of the state for the better. The intent of the bill brings urgency to reduce the daily tragedy of substance abuse on the productivity, peace, health, and happiness of our citizens.

In the context of HB 83, the Department of Health has prepared this comprehensive blueprint, which will be presented to the Legislature on or before October 1, 2001, after review and discussion of various drafts of the document. The Department has assigned the Division of Substance Abuse Treatment and Prevention to lead the task, and the Division has contracted with a number of entities and individuals to bring the landmark recommendations into reality.

## Goals

The Blueprint emerging from the study process has several key objectives:



Launching a rapid scope of activities that can produce a 50% reduction in substance abuse and related problems

within five years for targeted groups, once the plan is set into motion.



Reinforcing a broad statewide consensus for action by individuals, groups and communities throughout our state.



Averting the terrible financial, emotional, and social costs of substance abuse and related problems across all ages of Wyomingites.



Providing accountability for all who participate that our collective and individual actions are helping.

# Wyoming could well lead the country by what is happening with this blueprint...

 Dr. Tony Biglan, one of the national experts involved in advising the State on the scientific possibilities of prevention.

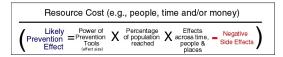
# Glossary

The subject matter of substance abuse has many key words and concepts, a few of which are defined here.

**All Ages**. Embraces the entire developmental lifespan of human beings from conception through death.

**Control.** For the purposes of the blueprint, the word "control" will refer to law enforcement, statures, rules and policy, or taxation strategies.

**Cost Effectiveness**. The Wyoming Tobacco Use Prevention Blueprint defines cost-effectiveness in the following formula, which has been used for this document:



This same formula has been an important issue in thinking about components of this broader context blueprint.

**Data Indicators or Signals**. This refers to reliable or valid information that can be repeatedly collected over time to predict risk and protective factors for well-being vis-à-vis substance abuse at different ages, and which can be used to estimate need for control, early intervention, prevention, and treatment.

**Intervention.** The phrase "intervention" refers to early actions undertaken to change *existing* behaviors, circumstances, or physiological states that predict substance abuse from a lifespan perspective.

**Effectiveness Data**. These data refer to proximal outcomes produced by intentional activities to control, intervene with, prevent, or treat substance abuse or its lifespan precursors.

**Long-Term Effects**. Long-term effects refer to strategies having effects that last or extend three or more years.

**Prevention**. This is a term used to describe actions undertaken *universally* to reduce risk factors and increase protective factors in the developmental lifespan predicting substance abuse and related problems.

Science. In the context of this blueprint, it was necessary to consult many domains of organized human knowledge, which has been experimentally tested. Some areas of science that will be consulted include: medicine, psychology, anthropology, biology, marketing, health promotion, organizational development, criminology, and education.

Science-Based Strategies. Since science is continuing to add to our knowledge base, the term shall mean:

- O Large Effect Sizes. This blueprint embraces multiple strategies with large "effect sizes." An effect size is a standardized term in statistics. A +.5 means one-half a standard deviation in difference. Because we want our citizens to improve quickly, we are looking for strategies that have at least a +.3 effect size. When possible, we will recommend methods that have been tested in a well-designed randomized control group studies or replicated time-series studies, comparing results for different practices.
- Lasting Effects. Strategies with lasting effects may impact for many years.
   Wyoming goals are most likely to be met if the results of strategies and methods last for several years. That's called longitudinal, long-term effects. While some techniques we recommend might have brief positive effects, even those need to leverage more long-lasting results.
- Generalizable, Replicable Effects. The Wyoming plan recommends tactics that work under a variety of conditions. Our search was focused on strategies and methods that cut across a number of models and strategies. We searched for strategies that are well grounded in good theory. Strategies with a longer history of testing in diverse circumstances will be more likely to work with Wyoming communities and families.
- Parsimonious Effects. This means facts and findings fit together like a good puzzle.

We searched for proven innovative methods that have a way of fitting together. For example, several scientific studies indicate that the best behavioral procedures to deal with serious problems seem to work in the same parts of the brain as the drugs used in treatment. This kind of understanding helps us create or select innovations to confront Wyoming challenges better.

**Short-Term Effects.** In the context of HB 83, short term refers to effects lasting less than 6 months

**Substance Abuse.** Generally speaking, substance abuse has three or more of the following:

- Substance is taken in larger amounts or over a longer period then the person intended;
- Persistent desire or one or more unsuccessful efforts to cut down or control substance use:
- A great deal of time spent in activities necessary to get the substance (e.g., theft), taking the substance (e.g., chain smoking) or recovering from the effects;
- 4) Frequent intoxication or withdrawal symptoms then expected for major role obligations at work, school, or home (e.g., does not go because hung over, goes "high", intoxicated while caring for children) or when substance use is physically hazardous to self or others (e.g., drives while intoxicated);
- Important social, occupational, or recreational activities given up or reduced because of substance use;
- 6) Continued substance use despite knowledge of having a persistent or recurrent social, psychological, or physical problem that is caused or exacerbated by the use of the substance (e.g., keeps using heroin despite family arguments about it, cocaine-induced

depression, or having an ulcer made worse by drinking);

- 7) Marked tolerance—need for markedly increased amounts of the substance (i.e., at least a 50% increase) in order to achieve intoxication or desired effect, or markedly diminished effect with continued use of the same amount:
- Characteristic withdrawal symptoms (which may not occur with certain substances); and
- Substance often taken to relieve or avoid withdrawal symptoms (again, may not apply with some substances).

**Treatment**. In the response to HB 83, the word "treatment" refers to therapies or services designed to reduce harm or achieve abstinence from legal, prescription, or illegal drugs with addictive consequences for individuals, families, and communities.

<sup>&</sup>lt;sup>b</sup> From the American Psychiatric Association.

# **Guiding Principles**

This Blueprint is guided by some key principles:

Substance abuse has biological, medical, genetic, social, and environmental causes, which are well established scientifically. People used to describe most diseases a hundred years ago in terms of character defects until medicine advanced. Similarly, many people have blithely dismissed substance abuse as a character issue, which cannot be supported based on extensive scientific evidence. Because of advances in the last 10 years, Wyoming is able to make better choices of programs and policies. Scientific advances in the next decade will further our actions more.

Wyoming trends are real. The increases in substance abuse in Wyoming are not statistical aberrations or flukes, resulting from fluctuations in small numbers. They are corrected for per capita population. Too many data converge to tell the same story.

Effective control, intervention, prevention, and treatment exist. Extensive examples exist in the United States and abroad that demonstrate that the scourge of substance abuse can be controlled, intervened with, prevented, and even treated effectively. Unfortunately, many current practices do not use effective strategies, which helps explain the "average" person's view that "nothing can be done."

Bad approaches can kill or harm people. Rather extensive science and case studies (even in Wyoming) show that common practices can make the situation worse, which means the search for effective strategies is all the more necessary.

Actions must be results- or data-driven not program or "authority" driven. A

good sports team keeps its eye on the score, and the decisions serve the scoring. Thus, our plan focuses on the results and indicators, not just the program manual or what the prevailing guru or authority says to do.

Many myths about substance abuse are wrong. Sufficient science has now accumulated to challenge common folktales about substance abuse:

- "Treatment can't be forced." This is extensively disproved in a variety of studies and practices, such as drug courts.
- "There is only one kind of treatment that works." Again, this is not substantiated in controlled scientific studies.
- "You have to want to be cured." Again, this is not correct based on repeated scientific studies.
- "Effective treatment cannot be measured." This is patently false.
- "There is a best way to get into treatment." In fact, there are many doors to treatment.
- "Kids and youth can't change unless you change families." This again is false, and even hazardous to the health of children and youth.
- "The only research on these things is in big cities, who aren't like us." Again, this is an ill-informed error.
- "Everything effective costs too much money." Again, there are many strategies that are inexpensive.
- "Only professionals can make a difference." Again, many examples abound for easy action today. This report is the effort of many people, who have contributed their understanding and talents to the health and well being of Wyoming.

# **Blueprint Study Team**

First, Rev. Rodger McDaniel was team leader for this effort. Rev. McDaniel is a former legislator and attorney.

Second, our consulting scientist was Dr. Dennis Embry, who is the president of PAXIS Institute and well known in our state. Other scientists and experts who helped in ways large and small were:

- Dr. Michael Loos, University of Wyoming, Training and systems for Wyoming
- o Dr. Brian Villa, University of Wyoming, Theory and practice for Wyoming
- Dr. Narina Nunez and Dr. Kami London, University of Wyoming, Wyoming data and applications; statistical analysis center
- Dr. Tony Biglan, Oregon Research Institute: Prevention and early intervention strategies for adolescents & children

- Susan Foster, V-P, Center for Addiction and Substance Abuse, Columbia University, Costs, Corrections and Policies
- o Dr. Jim Derzon, Pacific Research Institute, Social marketing for prevention
- Dr. Ted Miller, Pacific Research Institute, Injury and alcohol issues and costs
- Dr. Gail Harris, University of Arizona, Pregnant women, infants and very young children.
- Jerry Wells, executive director, Koch Crime Institute Juvenile Justice and other legal policy issues
- Conrad Hogan, former commissioner for corrections and secretary of human services, State of Vermont, Systems management and infrastructure
- Dr. David Comings, City of Hope Hospital, California, Genetics and treatment interactions; neuroscience issues
- DataCorp, Rhode Island, Development of treatment research